

BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF CORRECTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-C MRSA §126](#), the undersigned corporation executes and delivers the following Articles of Correction:

FIRST: Name of document requiring correction: _____
(i.e. Articles of Incorporation, Articles of Amendment, etc.)

SECOND: Date on which document was filed by Secretary of State: _____

THIRD: Said document is an inaccurate record of the corporate action therein referred to, or was defectively executed, attested, sealed, verified, acknowledged or the electronic transmission of the document was defective.

FOURTH: The inaccuracy or defect to be corrected is described as follows:

FIFTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

SIXTH: Articles of correction take effect on the effective date of the document they correct except that, as to persons relying on the uncorrected document and adversely affected by the correction, articles of correction take effect when filed.

SEVENTH: (Foreign Corporation Only)

Jurisdiction of incorporation _____ and the date on which
the corporation was authorized to transact business in Maine _____.

DATED _____

***By** _____
(signature of any duly authorized person)

(type or print name and capacity)

Acceptance of Appointment of New Clerk or New Registered Agent

Pursuant to [13-C MRSA §202.5](#), [§501.3](#), [§1503.3](#) or [§1507.3](#), the undersigned hereby accepts the appointment as clerk or registered agent for the above-named corporation.

DATED _____

(signature of clerk or registered agent)

(type or print name and capacity)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(signature of any duly authorized officer)

(type or print name and capacity)

Note: If these articles of correction name a **new clerk** or **registered agent**, Form [MBCA-18](#) must accompany this document.

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([13-C MRSA §121.5](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**